

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400601714

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>Katie Kistner</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 9294317</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>katie.kistner@anadarko.com</u>

5. API Number <u>05-123-37829-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ZIEMER</u>	Well Number: <u>34N-5HZ</u>
8. Location: QtrQtr: <u>LOT 2</u> Section: <u>5</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/09/2014 End Date: 04/13/2014 Date of First Production this formation: 04/30/2014
Perforations Top: 7545 Bottom: 11593 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7545-11593.
80729 BBL CROSSLINK GEL, 1655 BBL LINEAR GEL, 34860 BBL SLICKWATER, 117243 BBL TOTAL FLUID.
7802889# 30/50 OTTAWA/ST. PETERS SAND, 355223# 40/70 GENOA/SAND HILLS, 8158112# TOTAL SAND.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 117243 Max pressure during treatment (psi): 7652
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): 0 Number of staged intervals: 32
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7113
Fresh water used in treatment (bbl): 117243 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 8158112 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/04/2014 Hours: 24 Bbl oil: 78 Mcf Gas: 106 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 78 Mcf Gas: 106 Bbl H2O: 0 GOR: 1359
Test Method: FLOWING Casing PSI: 1625 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1380 API Gravity Oil: 45
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____
Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Katie Kistner
Title: Regulatory Analyst Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)